



REG. FORM-23

EMPLOYEES' STATE INSURANCE CORPORATION

LIFE CERTIFICATE FOR PERMANENT DISABLEMENT BENEFIT

(Regulation 107)

Name of the PDB Holder:	
Insurance Number of the PDB Holder:	

PRESENT ADDRESS	
PINCODE	
CONTACT NUMBER	
AADHAR NUMBER	
NAME OF BANK BRANCH	
ACCOUNT NUMBER	
IFS CODE	

Date :

Signature :

CERTIFICATE

Certified that Shri / Smt. w/s/d of
..... is alive this day, the day of
..... 2020.

Signature :

Name :

Seal :

Important : Any person who makes a false statement or misrepresentation for the purpose of obtaining benefit. Whether for himself or for some other person, commits an offence punishable with imprisonment for a term which may extend up to six months or with a fine upto Rs.2000 or with both.